



# Updates from the Field BEST PRACTICES

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## INITIATING A PROVINCIAL HEALTH SUMMIT: THE NORTH COTABATO EXPERIENCE

### Background

North Cotabato, a first class province in the Central Mindanao region, has received grants and technical assistance from foreign donors in various fields, including health. The effective use of the grants, coupled with good local governance, enabled it to achieve exemplary program performance and, consequently, earn recognition from different organizations. For instance, in 1999, when North Cotabato achieved project benchmarks ahead of schedule, it was named one of the top-performing local government units under the USAID-assisted Local Government Unit (LGU) Performance Program of the Department of Health.

Recently, however, the province's performance in the health sector has been disappointing. Immunization coverage has declined for the past three years. Infectious diseases continue to be among the 10 leading causes of morbidity and mortality. The percentage of households with access to safe drinking water remains 82 percent; most of these are Level 1 sources. Level 1 source or point source is a protected or developed well or spring with an outlet but without a distribution system and normally serves around 15-25 households. The outreach is usually not more than 250 meters from the farthest user. Only 76% of households have access to sanitary toilets. Finally, both the public health and hospital sectors are experiencing a shortage of manpower.

To address these issues, local leadership decided to hold a Provincial Health Summit for all stakeholders in the province. There were two main objectives of the Summit. The first was to assess the health sector from the perspectives of both health and non-health personnel. The second was to respond to a directive from the Department of Interior and Local Government for all provinces to formulate a Provincial Health Code.

### Gearing Up Towards a Provincial Health Summit

The North Cotabato Health Summit was the first health summit to be initiated by a province. While other provinces had conducted similar health summits, they were donor-driven; as a result, they focused on specific project areas or concerns. Uniquely, the North Cotabato summit was a local initiative from conceptualization to implementation.

The Provincial Health Summit was the joint idea of Dr. Sergio Catotal, the chairman of the Committee on Health of the *Sangguniang*



Gov. Emmanuel F. Piñol addressing the Summit participants



Participants brainstorming on major health issues



Local chief executives signing the pledge of commitment

*Panlalawigan* (Provincial Board), and Dr. Reuel Toledo, the chief of the provincial hospital. Funding was provided by the province's inter-district health zone fund, allocated by Central Mindanao's Center for Health Development. The Summit's objectives were: a) to identify

### Steps Leading to North Cotabato's Health Summit:

1. The Chairman of the Sangguniang Panlalawigan's Committee on Health presented the rationale for holding a Provincial Health Summit to the Provincial Governor (March 2002).
2. The Provincial Governor issued an Executive Order setting the date of the Summit and organizing the Provincial Steering Committee and Technical Working Group to oversee the corresponding preparations (April 10, 2002).
3. The Conference Director drafted and presented the Summit/workshop design to the Technical Working Group and the facilitators for comments prior to finalization (April 2002).
4. A pre-Summit meeting was held to discuss the Summit details and specific tasks involved (April 18, 2002).
5. The Technical Working Group finalized the Summit Programme and other administrative arrangements (April 25, 2002).
6. The respective point persons undertook the necessary Summit preparations (April-May 2002).
7. The Provincial Health Summit was held on June 5-7, 2002.



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programmatic and policy issues; b) to come up with specific realistic strategies to address the identified problems; c) to translate these strategies into a comprehensive three-year health development plan; and d) to generate ideas for crafting the conceptual framework of the proposed Provincial Health Code.

To facilitate the preparations for the Summit, a Technical Working Group was created, composed of selected members of the *Sangguniang Panlalawigan* (SP) staff. A Provincial Steering Committee headed by the governor, Hon. Emmanuel F. Piñol, assumed oversight of the Technical Working Group. The members of the Steering Committee included the chairman of the SP's Committee on Health, the chief of the provincial hospital, and the Provincial Health Officer.

A pre-Summit workshop was held to plan for the Summit. Facilitated by the conference director, the workshop served as a venue for identifying the factors likely to affect the success of the Summit, taking into account the group's strengths, weaknesses, and level of commitment. During this workshop, the group outlined specific tasks to be undertaken and individual responsibilities. Rather than being assigned responsibilities, each member agreed to undertake specific tasks based on his or her expertise and interest.

The Summit, with the theme *Towards A Rational and Sustainable Health System*, was held on June 5-7, 2002 in Davao City. The three-day event was attended by representatives from government agencies, non-government organizations, professional associations, funding agencies, people's organizations, provincial government offices, health workers, municipal mayors, and local legislators. Governor Piñol also attended to show his support for the health sector. During his speech, he made the following points:

- There is a need to formulate a comprehensive health plan.
- It is important for the province to design preventive programs and other local initiatives, rather than being dependent on the national government.
- The province should have a master plan to solve its health problems, to show the people that the government cares for them.
- Identifying disease-prevalent areas and designing programs for them should be emphasized.
- Information campaigns against prevalent preventable diseases should be prioritized.

During plenary sessions, the public health and hospital sectors both presented their accomplishments for the period 1999-2001. These sectoral presentations formed the basis for ensuing workshops. The workshops consisted of the following:

- a) identifying issues in the areas of manpower, infrastructure, technical support, logistics, and sustainability;
- b) stating the problem, causes, effects, and recommendations;
- c) classifying recommendations into the following categories: can be done immediately, can be done but needs LGU intervention, and can be done but needs the collaboration and support of the Provincial Government and line agencies;
- d) drafting a three-year plan (activity, timetable, budgetary requirements, responsible person).

The workshop facilitators were provincial government employees who were previously trained on the Technology of Participation methodology for conducting workshops under the Governance and Local Democracy Project of USAID.

The highlight of the Summit occurred when the city/municipal mayors signed a Pledge of Commitment articulating their commitment to undertaking major health initiatives.

#### Elements of the Pledge of Commitment Signed by the Local Chief Executives

- increase the annual health budget
- prioritize nutrition for vulnerable groups
- expand social health insurance coverage
- increase access to high-quality preventive and curative health services
- recognize and provide support to community volunteers
- participate in the formulation of the Provincial Health Code and ensure that its provisions are incorporated in the Local Executive Agenda and in the development plan of their respective areas.

## Next Steps

With the conclusion of the Summit, the relevant offices started translating the different aspects of the operational plan developed during the Summit into actual budget proposals. This plan was considered approved, except for the financial requirements, since the workshop outputs were presented in plenary as part of the committee hearing for the three-year operational plan. Preparations are likewise underway for the formulation of the Provincial Health Code based on the results of the Summit.

It is worth noting that immediately after the Summit, the number of beds in the provincial hospital was increased from 50 to 100; the province is now working to upgrade it to a tertiary hospital, at an estimated cost of PhP132-140 million (US\$ 2.6 - 2.8 million).

It also augurs well for the province that Kidapawan City and 12 of its 17 municipalities are currently participating in the Matching Grant Program of the Department of Health. As a result, they have the opportunity to expand and improve the quality of health services. Through the Matching Grant Program, these LGUs are expected to improve immunization coverage, increase vitamin A supplementation, and reduce unmet needs for family planning, resulting in an overall improvement in the health status of the populace of North Cotabato.

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